

215037900
60635

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 179	Agency Case No. B5-086305	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1							
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/17/2015		TIME OF ACCIDENT 1433	STATE USE ONLY								
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1434	Amended								
B	88	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. S 40th, Old Cheney to Briarpark			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	09/17/2015							
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LATITUDE							
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION									
V1/M	10	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING							
V2/M	01	75.00		X		Old Cheney Rd.							
E	1	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN											
F	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO							
G	4	VEHICLE NO. 1											
H	2	DRIVER LICENSE NO.	H13507816	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE							
I	1	DRIVER	BAILEY N GRIFFIN		PHONE	402-429-8527							
J	1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/01/1996							
K	1	OWNER	JOSEPH P GRIFFIN / Sandra M Griffin		PHONE	402-570-0422							
L	4	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB484342							
M	2	LICENSE PLATE PA NO.	SHR250	YEAR (Plate Expires)	2016	STATE (Of Plate) NE							
N	4	VEHICLE	2004	MAKE	Hyundai	MODEL	Sonata	BODY STYLE	4 door Sedan	COLOR	green	ESTIMATED DAMAGE	<input checked="" type="radio"/> TOALED \$
O	4	VEHICLE ID NO. (VIN)	KMHWF25S34A047761		INSURANCE COMPANY		Farmers Mutual						
P	2	TOWED TO	City Impound - 101 Charleston		TOWED BY	Capital Towing		POLICY NO.	AU147847				
Q	1	VEHICLE NO. 2											
R	1	DRIVER LICENSE NO.	13-164-0226		STATE (Of License)	CO	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE						
S	1	DRIVER	Patricia A Proffer		PHONE	915-497-2811							
T	1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	06/25/1949							
U	1	OWNER	NICOLE R FEATHER / Ron E Feather		PHONE	402-540-2803							
V	01	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.							
W	1	LICENSE PLATE PA NO.	TED014		YEAR (Plate Expires)	2016	STATE (Of Plate) NE						
X	4	VEHICLE	2013	MAKE	Toyota	MODEL	Prius	BODY STYLE	4 door Sedan	COLOR	red	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 2000
Y	4	VEHICLE ID NO. (VIN)	JTDKN3DU8D1620278		INSURANCE COMPANY		United Services						
Z	01	TOWED TO			TOWED BY			POLICY NO.	017255845U71024				
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)													
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX			
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F			
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)									
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME									
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)									
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME									

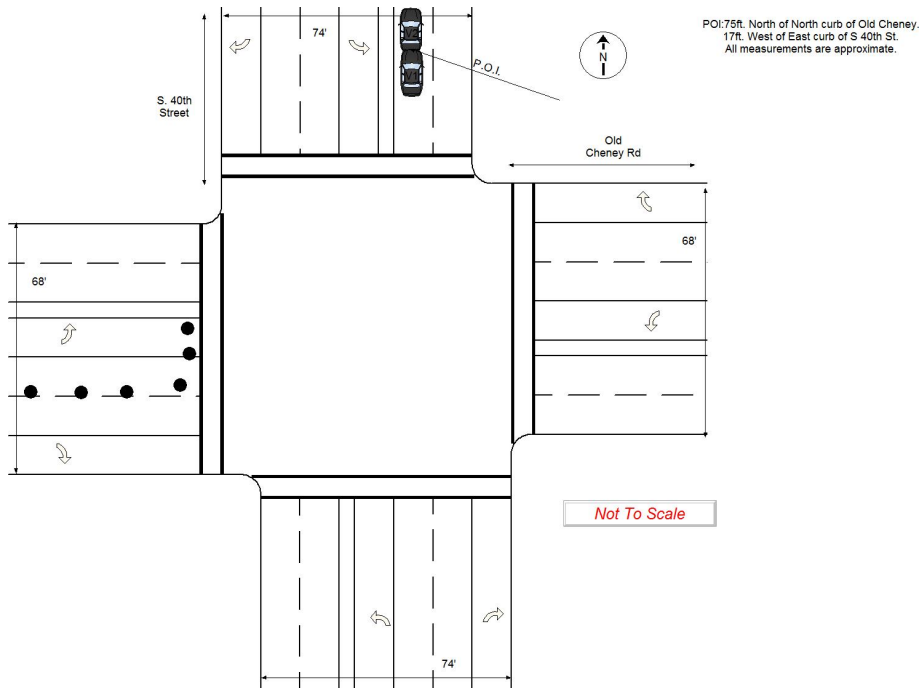
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-086305



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V1 said she was Northbound on S 40th in traffic when she collided with the rear of V2. V2 said she was moving very slowly in heavy traffic when she was struck from behind by V1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	1
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME												
1	X				S 40th												
2	X				S 40th												
1	01				06 Turning left				VEHICLE 1		VEHICLE 2						
2	11				08 Entering traffic lane				POINT OF IMPACT	01	POINT OF IMPACT	05					
					MOST DAMAGED AREA				01								
					00 None				02		03		04				
					09 Top & windows				01		05						
					10 Undercarriage				08		07		06				
					11 Total (all areas)												
					12 Other												

OFFICER NO. 1530		TROOP/TEAM/BEAT NE		DEPARTMENT Lincoln Police Department		Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
INVESTIGATOR NAME (Print or Type) Seth Petersen				INVESTIGATOR SIGNATURE Approved by Ofc Seth Petersen			
DATE OF REPORT		09/17/2015					